. Express Mail Label No:

Please type a plus sign (+) inside this box

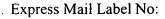
PTO/SB/81 (

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	January 12, 2001
First Named Inventor Bonnstetter, Bill J., et al.	
Group Art Unit	
Examiner Name	
Attorney Docket Number	P04361US1

I hereby appoint:					
Practitioners at Customer Number 22885 OR	Place Customer Number Bar Code Label here				
Practitioner(s) named below:					
Name	Registration Number				
	·				
as my/our attorney(s) or agent(s) to prosecute the application ide					
business in the United States Patent and Trademark Office conr	nected therewith.				
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.					
OR					
Firm or Individual Name					
Address					
Address					
City	tate Zip				
Country					
Telephone	ax				
I am the: Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Bill J. Bonnstetter					
Signature Selli Banasalli Sanasalli					
Date Fell (a. 200)					
NOTE: Signatures of all the eventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
✓ *Total of3forms are submitted.					





Please type a plus sign (+) inside this box

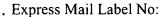
PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0551-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	January 12, 2001
First Named Inventor	Bonnstetter, Bill J., et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	P04361US1

I hereby appoint:					
Practitioners at Customer Number OR Place Customer Number Bar Code Label here					
	Name	Registration Number			
as my/our attorney	(s) or agent(s) to prosecute the application in	dentified above, and to transact all			
	ited States Patent and Trademark Office cor				
· — ·	correspondence address for the above-ident	ified application to:			
The above-mer	ntioned Customer Number.				
OR					
Firm or					
Individual Name Address					
Address					
City		State Zip			
Country					
Telephone		Fax			
I am the:					
✓ Applicant/Inv	ventor.				
Assignee of	record of the entire interest. See 37 CFR 3.7	71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
David P. Ronnstatter					
1 1					
Signature Jump Date					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
forms if more than one signature is required, see below*. 2 *Total of 3 forms are submitted.					
✓ *Total of3	forms are submitted.				



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Please type a plus sign (+) inside this box

Application Number		
Filing Date	January 12, 2001	
First Named Inventor	Bonnstetter, Bill J., et al.	
Group Art Unit		
Examiner Name		
Attorney Docket Number	P04361US1	

I hereby appoi	nt:						
OR	ners at Customer Number	22885		Place Customer Number Bar Code Label here			
Practition	er(s) named below:	· · · · · · · · · · · · · · · · · · ·	Docietre	tion Number			
	Name		Registration Number				
	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
	he correspondence address to mentioned Customer Numbe		ied application	to:			
OR		· · · · · · · · · · · · · · · · · · ·					
Firm or							
Individual Na Address	me · · · · · · · · · · · · · · · · · · ·						
Address							
City		s	tate	Zip			
Country							
Telephone		F	ax				
I am the: Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name Rodney Cox							
Signature							
Date 2/7/2001							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
✓ *Total of3forms are submitted.							